

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO

10621675

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23			1	1		
24				1		
25				1		
26				4		
27				4		
28				4		
29				4		
30			1	1		
31				1		
32				1		
33				4		
34				4		
35				4		
36				4		
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50			2			
TOTAL IND.		1	30	1		1
			32			

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		1		1		1